

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19427

State File No.

JUL 3 1943

318

Registration District No.

Primary Registration District No.

1003

Registrar's No.

5706

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.
 (b) City or town _____
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Louis City Hospital.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 Mo. 3 days.
 (Specify whether
 In this community _____
 years, months or days)

3. (a) PRINT
FULL NAME

David Bratcher.

3. (b) If veteran,
name war _____

None

3. (c) Social Security
No. 495-18-4119

4. Sex Male Trace White

5. Color or
Race White

6. (a) Single, widowed, married,
divorced Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased December
(Month)

13
(Day)

1907
(Year)

8. AGE:

Years

Months

Days

If less than one day

35

6

8

hr. _____ min.

9. Birthplace Unknown
(City, town, or county)

Mississippi
(State or foreign country)

10. Usual occupation Retired

11. Industry or business

12. Name Unknown Bratcher

13. Birthplace Unknown
(City, town, or county)

Unknown
(State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county)

Unknown
(State or foreign country)

16. (a) Informant Bessie Kautz

(b) Address 2130 Maury Avenue.

17. (a) Removal (b) Date thereof 6/22/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Canton, Mississippi

18. (a) Signature of funeral director Albert H. Hoppe, Inc.

(b) Address 4700 Washington Blvd.

19. (a) JUN 22 1943 (b) J. F. Bratcher
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 523 Market Street.
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21st,
year 1943 hour 7:40 minute _____ P.M.

21. I hereby certify that I attended the deceased from May
16th 1943 to June 21st 1943.
that I last saw him alive on June 21st 1943.
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Pulmonary Tuberculosis
Syphilis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy refused

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)
While at work? _____ (a) Means of injury _____
 23. Signature Louis G. Hendry, M.D.
 Address 1515 Lafayette Ave. Date signed 6/22/43

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No..... 2971

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.